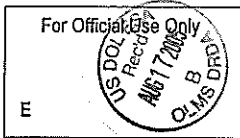


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

11/1/04
12/31/04

1. File Number U- <u>026754-11364</u> <u>11364</u>	2. Fiscal Year Covered From: <u>01/01/2004</u> Through: <u>12/31/2004</u>
3. Name and address of person filing. Name <u>ROBERT KEMPICK</u> P.O. Box, Bldg., Room No., if any _____ Street <u>35610 LORRAINE AVE.</u> City <u>WARRENVILLE</u> State <u>IL</u> <u>60555</u> ZIP Code + 4 _____	4. Name, file number, and address of labor organization. Name <u>Sheet Metal 265</u> Labor Organization File Number <u>026-754</u> P.O. Box, Building and Room Number, if any _____ Street <u>205 Alexandra Way</u> City <u>Carol Stream</u> State <u>IL</u> ZIP Code + 4 <u>60188</u>
5. Position in labor organization. <u>BUSINESS REPRESENTATIVE</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

NA

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Robert Kempick</u>	On <u>8-11-05</u> <u>(630) 393-1024</u> Date Telephone Number

Name of Person Filing **ROBERT KEMPIAK**

File Number U- **026 754**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **THE SEGAL COMPANY**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **101 WACKER DR. SUITE 500**

City **CHICAGO**

State **IL.** ZIP Code + 4 **60606**

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **205 ALEXANDRA WAY**

City **CAROL STREAM**

State **IL.** ZIP Code + 4 **60183**

11.a. Nature of such dealing.

**THE SEGAL COMPANY PROVIDES
CONSULTING FOR UNION TRUST FUNDS**

11.b. Approximate dollar value of such dealing. **100,000**

12.a. Nature of interest held or income received.

**2 CUBS TICKETS IN APPROX
IN AUGUST 04
BASE BALL**

12.b. Amount. **48.00**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing **ROBERT KEMPIAK**File Number U- **026 754**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **SHEETMETAL WORKERS #265-**Trade Name, if any: P.O. Box, Bldg., Room No., if any Street **205 ALEANDRA WAY**City **CAROL STREAM**State **IL** ZIP Code + 4 **60188**

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

11.a. Nature of such dealing.

**EDUCATION TRAINING APPRENTICE
I AM A MEMBER OF APP. COMMITTEE**11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

**3/16/04 REGIONAL CONTEST JACKET \$2.00
3/16/04 REGIONAL CONTEST DINNER 60.00
PER DIEM FOR REGIONAL CONTEST 300.00**12.b. Amount. **412.00**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?14.b. Amount of payment.

Name of Person Filing **ROBERT KEMPIAK**File Number U- **026754**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **SHEET METAL WORKERS #265**Trade Name, if any: P.O. Box, Bldg., Room No., if any Street **205 ALEXANDRA WAY**City **CAROL STREAM**State **IL** ZIP Code + 4 **60188**

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

11.a. Nature of such dealing.

EDUCATION FUND PROVIDES TRAINING
TO APPRENTICES I'M A MEMBER OF
COMMITTEE I'M REQUIRED TO ATTEND

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

4/29/04 HOTEL AND AIRFARE TO ATTEND
NATIONAL CONTEST 58.60
PER DIEM 900.00

12.b. Amount. **1,486**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?14.b. Amount of payment.

ROBERT KEMPIAK

Name of Person Filing

File Number U-

026754

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name LOCAL 265 PENSION AND HEALTH BENEFIT FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 205 ALEXANDRA WAY

City CAROL STREAM

State IL ZIP Code + 4 60188

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

THE HEALTH + WELFARE AND PENSION FUNDS ARE TRUSTS THAT PROVIDE BENEFITS TO MEMBERS I'AM A TRUSTEE OF THESE FUNDS

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

7-13-04 ROUND TRIP AIR FARE TO ATTEND IFE BP CONFERENCE IN NEW ORLEANS 335.62
HOTEL ROOM 997.88

12.b. Amount.

1,623

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐

or Consultant ☐ ?

14.b. Amount of payment.